

**STATE OF MONTANA FLEXIBLE SPENDING ACCOUNT
ENROLLMENT/CHANGE
AND SALARY REDUCTION AGREEMENT FORM (2008 BENEFIT YEAR)**

Print name & address:

	SABHRS ID	Agency Name
	Work Phone	Home Phone
	Social Security Number	Date of Birth

ELECTION TO PARTICIPATE – Please check the appropriate box below to indicate the type of enrollment or change. For Changes and Mid-Year Enrollments, the effective date is the 1st day of the next **full month** following receipt of form in the Health Care and Benefits Division. Further detail on changes in election, mid-year enrollment, and pre-payment, and lapses in coverage are contained on the back of this form.

ELECTION PERIOD

- ☐ Change in Election _____ to December 31, 2008
(effective date)
- ☐ Mid-Year Enrollment _____ to December 31, 2008
(effective date)

I understand that I can only automatically enroll mid-year if I am a new employee. Other enrollments or changes can only be made during a benefit year if they are consistent with an IRS allowed change in family status (marriage, births, adoptions, child support orders & losing other group coverage) that has occurred within the last 63 days. I certify that this enrollment/change is due to:

PLEASE CHECK ONE

- ☐ New Employment; **-OR-**
- ☐ Other: List change in family status, adjustment due to a leave of absence, and date of change: _____

AMOUNT OF ELECTION - List the **Monthly Election Amount (including any unused State Contribution)** for your desired account(s). The minimum monthly election amount per account is \$10.00 per month. Please elect an amount that can be divided evenly by two. Your election will be adjusted to accommodate even deduction amounts if necessary. A separate Administration Fee of \$2.16 per month will be deducted automatically and should not be included in your elected amount. ***Remember "Use It or Lose It" - Put no more of your gross salary dollars into a Flexible Spending Account than you are sure you will use during the Benefit Year.***

PLEASE COMPLETE YOUR ELECTIONS

Monthly Election Amount	
Medical Expense FSA \$10 min/\$416.66 max	/month
Dependent Care FSA \$10 min/\$416.66 max (Daycare expenses)	/month
Administrative Fee	\$2.16/month
Total Monthly Election	/month

FSA Type	Monthly Election	# of Deductions	Yearly Election
Medical	_____	X _____	= _____
Dependent Care	_____	X _____	= _____
Administrative Use Only			

I have read the informational material describing Flexible Spending Accounts and understand the participation conditions and requirements. I request participation in the FSA(s) listed above for the current benefit year, and authorize the State of Montana to reduce gross salary by the amounts indicated or in the event of self-paying to pay the amount indicated. I understand that my election amount will remain in effect for the entire benefit year, and only expenses incurred during period where contributions have been made can be claimed for reimbursement. I realize that this agreement **will NOT** continue for subsequent benefit years. This agreement revokes all prior Employee Group Benefits Enrollment/Change and Salary Reduction Agreements signed by me for this benefit year.

Employee's Signature _____ Date _____

**Please return this form to:
Health Care and Benefits Division, P.O. Box 200127, Helena, MT 59620-0127**

A copy of this form will be returned to you by the Health Care and Benefits Division, confirming receipt of your election.

(Revised 12/07)

Instructions

Maximum Elections Amounts – The maximum contribution for a **medical** flexible spending account is \$4,999.92 per year per person.

The maximum contribution for a **dependent care** flexible spending account is \$4,999.92 per year per household.

New Hire Effective Date - In the case of a new hire, the effective date is the 1st day of the month following the hire date. For example, if hired on March 15, 2008, the flexible spending deductions would not begin until April 1, 2008.

Mid-Year Enrollment – Mid-year flexible spending enrollment is only available to new employees within 31 days of employment. Please indicate the effective date of the election in the section across from the “Mid-Year Enrollment” box. The effective date must be the 1st day of the next full month following receipt of form in the Health Care and Benefits Division.

Change in Election– A change in your flexible spending election can be made in the cases where a qualifying event has occurred such as a marriage, birth, adoptions, pre-adoptions, child support order, losing other group coverage, death, or divorce. You must list the effective date of the election change located across from the “change in election” box as well as the event causing the change. Record the revised monthly election amount in the “Monthly Election Amount” section of the form. Please attach a copy of the appropriate documentation, which verifies the change such as marriage license or birth certificate.

Changes in election may also apply in the case of an unpaid leave of absence where an employee chooses (upon return to work), to revise the annual election amount.